

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE					
						APPLICANT(S)							
<b>CLAIMS</b>													
No.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		No.	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3		2					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9	1						59						
10	1						60						
11		2					61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17	1						67						
18							68						
19		2					69						
20		1					70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
<b>TOTAL IND.</b>	6						<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>	27						<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>	33						<b>TOTAL CLAIMS</b>						